

# **Anxiety Disorders**

# **Learning Objective**

- **Differentiate among symptoms, features, diagnosis, and treatment of generalized anxiety disorder, panic attack, phobias and post- traumatic stress disorder.**

# Case Study

- **Speaker exhibits sweating, chest pain, shortness of breath, nausea, hot flushes, and a desire to “escape.”**



# **Anxiety Disorders**

- **Disorders to be discussed:**
  - **Generalized anxiety disorders**
  - **Panic attacks**
  - **Phobias**
  - **Post-traumatic stress disorder**

# Generalized Anxiety Disorder

- **Criteria:**
  - **Excessive anxiety and worry for at least 6 months**
  - **Difficult to control the worry**
  - **Focus is not confined to specific other anxiety disorders, substance abuse or medical condition**



# Generalized Anxiety Disorder

- **Symptoms**
  - **Anxiety and worry are associated with three (or more) of six symptoms:**
    - **Restlessness**
    - **Being easily fatigued**
    - **Difficulty concentrating or mind “going blank”**



# **Generalized Anxiety Disorder**

- **Symptoms (con't)**
  - **Irritability**
  - **Muscle tension**
  - **Sleep disturbance**

# **Generalized Anxiety Disorder**

- **May also experience:**
  - **Nausea**
  - **Sweating**
  - **Diarrhea**
  - **Exaggerated startle response**



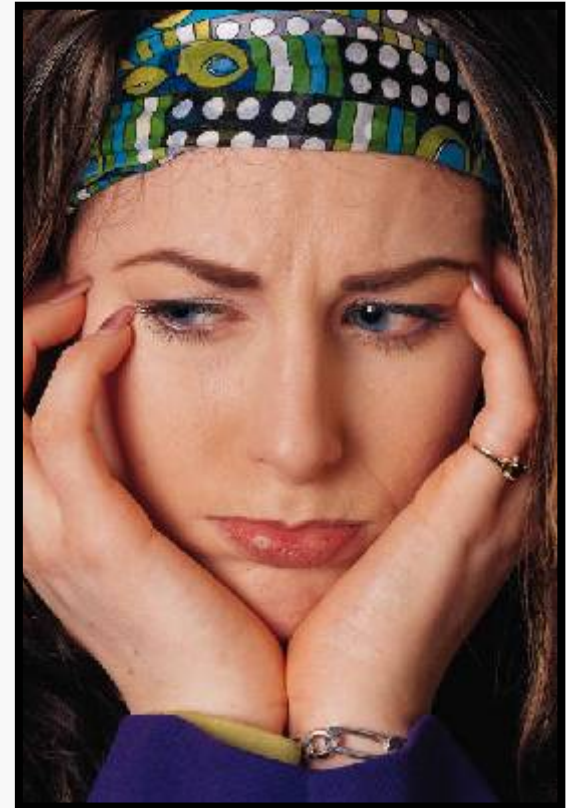
# Generalized Anxiety Disorder

- **The anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning**



# Generalized Anxiety Disorder

- **Associated disorders**
  - **Mood Disorders**
  - **Anxiety Disorders**
  - **Other stress-related conditions**



# Generalized Anxiety Disorder

- **Specific features**
  - **Culture**
  - **Age**
  - **Gender**
  - **Familial pattern**



# Generalized Anxiety Disorder

- **Treatment:**
  - **Anxiety management**
  - **Cognitive-behavioral therapy**
  - **Medication**
    - **Benzodiazepines**
    - **Buspirone [generic]**
    - **SSRIs, tricyclic anti-depressants & MAOIs**



# Panic Disorder

- **Essential feature: a discrete period of intense fear or discomfort in the absence of real danger that is accompanied by at least four of 13 somatic or cognitive symptoms**



# **Panic Disorder**

- **Somatic or cognitive symptoms**
  - **Palpitations**
  - **Sweating**
  - **Feeling of choking**
  - **Chest pain or discomfort**
  - **Nausea or abdominal distress**
  - **Dizziness or lightheadedness**
  - **Derealization or depersonalization**

# **Panic Disorder**

## **Somatic and Cognitive Symptoms (cont'):**

- **Fear of losing control or “going crazy”**
- **Fear of dying**
- **Paresthesias**
- **Chills or hot flushes**
- **Trembling/shaking**
- **Shortness of breath**

# **Panic Disorder**

- **Sudden onset**
- **Sense of imminent danger, doom, urge to escape**
- **Variability in frequency/severity of attack**
- **Concern for implications**



# **Panic Disorder**

- **Three types of panic attacks:**
  - **Uncued**
  - **Cued**
  - **Situationally predisposed**

# Panic Disorder

- **Age of onset**
  - **Median is 23 yrs, rare before age 15/after 40**
- **Gender/Genetics**
  - **75-80% female**
  - **Relatives**
- **Life course**



# Panic Disorder

- Culture



# Panic Disorder

- **Prevalence**
  - **Lifetime 1-2%**
  - **Clinical**
    - **10% in mental health setting**
    - **10-30% in vestibular, respiratory, neurology setting**
    - **60% in cardiology**



# **Panic Disorder**

- **Diagnosis – Panic disorder presents with symptoms that affect almost every body system.**
  - **Medical history**
  - **Systematic medical review of systems and past medical illnesses**
  - **Possible physical exam**

# Panic Disorder

- **Treatment**
  - **Behavior therapy**
  - **Medication**
    - **Tricyclic antidepressants, SSRIs, MAOIs, Benzodiazepines**
- **Education**



# **Phobias**

- **Specific Phobia**
- **Social Phobia**
- **Agoraphobia**

# **Phobias**

- **Specific Phobia**
  - **Diagnostic feature: Marked and persistent fear of clearly discernible objects or situations**
  - **Exposure evokes response**
  - **Patient avoids or endures stimulus**
  - **Diagnosis appropriate if interferes with routine life/patient stressed**
  - **No other mental disorder is present**



# Phobias

- **Specific Phobia**

- **Subtypes**

**Animal type**

**Natural environment type**

**Blood-Injection-Injury type**

**Situational type**

**Other type**



# Phobias

- **Specific Phobia**

- **Subtypes**

**Animal types**

**Natural environment types**

**Blood-Injection-Injury type**

**Situational type**

**Other type**



# Phobias

- **Specific Phobia-associated features and disorders: restricted lifestyle and social life**
- **May co-occur with other anxiety/mood/substance disorders**



# Phobias

- **Culture**
  - **Check level of impairment**
- **Age**
  - **Generally begins in childhood**
- **Gender**
  - **Female: Male 2:1**
- **Predisposing Factor**
  - **Traumatic Event**
- **Familial pattern**



# Phobias

- **Social Phobia**
  - **Fears of social/performance situation in which embarrassment may occur**
  - **Diagnose if interferes with functioning, no other mental disorder present**



# Phobias

- **Social Phobia Features**
  - **Hypersensitivity to criticism, rejection, low self-esteem**
  - **Poor social skills**
  - **Underachiever**
  - **Possible suicidal ideation**
  - **Cultural differences**



# Phobias

- **Agoraphobia**
  - **Modifies other anxiety disorders**
  - **Anxiety from places/situations with difficult escape route**
  - **Distress/anxiety from fear of panic attack**
  - **Not accounted for by other mental disorder**





# Phobias

- **Progression**
  - **May increase in severity, debilitation**
  - **Follows cognitive dimensions**





# Phobias

- **Treatment**
  - **Benzodiazepines**
  - **Begin low dosage, raise until symptoms gone**
  - **Abstain from alcohol**
  - **Patient may develop tolerance/dependence**
  - **Generally prescribed short-term**



# Post-Traumatic Stress Disorder

- **Clinical Description**
  - **Pathological emotional and behavioral condition that can follow exposure to traumatic stressor severe enough to lie outside range of usual human experience**
  - **Direct or witnessed experience of possible death, injury**



# Post-Traumatic Stress Disorder

- **Traumatic Events examples**
  - **Direct experiences:**
    - **Military combat/POW**
    - **Personal assault**
    - **Kidnapping**
    - **Terrorist attack**



# Post-Traumatic Stress Disorder

- **Traumatic Events examples**
  - **Torture**
  - **Natural/man-made disasters**
  - **Auto accidents**
  - **Life-threatening illness**



# Post-Traumatic Stress Disorder

- **Witnessed experiences:**
  - **Observing death/injury/assault**



# **Post-Traumatic Stress Disorder**

- **Clinical Description**
  - **May relive trauma/sleep problems**
  - **Lose interest/irritable/aggressive**
  - **Greater in females**
  - **Age non-specific**
  - **May be depressed/abuse substances/have other anxiety disorder**

# **Post-Traumatic Stress Disorder**

- **Specifiers**
  - **Acute**
  - **Chronic**
  - **With delayed onset**

# Post-Traumatic Stress Disorder

- **Prevalence**
  - **8% of U.S. adult population**
- **Course**
  - **Age non-specific**
- **Familial pattern**





# Post-Traumatic Stress Disorder

- **Clinical intervention**
- **Treatment**
- **Referral for psychiatric evaluation**
  - **Immediate intervention**



# Case Study

- **Speaker exhibits sweating, chest pain, shortness of breath, nausea, hot flushes, and a desire to “escape.”**



# Summary

- **Differentiation among symptoms, features, diagnosis, and treatment of generalized anxiety disorder, panic attack, phobias and post- traumatic stress disorder**